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SECRECY ORDER RECOMMENDATION BY DEFENSE AGENCY

*Clear
2-23-05*

Application Serial No.: *10/188504*

Defense Agency: *DOE*

Filing Date:

Date Referred:

I hereby acknowledge, as indicated by my signature on this form, that I have inspected this application in administration of 35 U.S.C. 181 on behalf of the Agency/Command specified. I understand my obligation not to divulge any information from this application for any purpose other than administration of 35 U.S.C. 181.

RECOMMENDATION

(e.g. 'Secrecy Not Recommended (SNR)')

Reviewer(s) Signature/Date/Command

<i>SNR</i>	<i>M. Buchwald 1/24/05 DOE</i>
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Instructions to Reviewers:

1. All individuals reviewing this application are required under 35 USC 181 to sign and date this form regardless of whether or not they are making a secrecy order recommendation.
2. This form MUST be returned to the USPTO once a recommendation not to impose secrecy has been made or when a secrecy order has been rescinded.
3. If Secrecy is recommended, a recommendation for secrecy order MUST immediately be sent to the USPTO.

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